

An Essay  
on

Placenta Praevia.

Respectfully submitted to the Faculty  
of the  
Homoeopathic Medical College,  
of

Pennsylvania.

For the Degree of Doctor of Medicine,

By

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of

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Placenta Praevia.  
and its  
Different forms of treatment.

In treating a subject it is always well to define it. I will define my subject by saying that when the Placenta in whole or in part presents at the or in place of some part of the child the case is called one of Placenta Praevia.

The great fatality attendant upon placental presentations has in past time been the stumbling block to all classes of the



Profession as well as an incentive to some untiring minds to search more fully into its nature and clear away the mystery with which it was so closely enveloped as to defy the efforts of the most distinguished men through a long series of years.

The treatment of the old school practitioners at the present time although attended with such ill results as statistics clearly prove is still clung to with great tenacity by a large class of persons who will not



be changed in their views however  
clearly Science proves to the  
contrary. Not somewhat unlike  
the men of more ancient time  
who would not believe the Earth  
revolved instead of the Sun, for  
the simple reason that their  
fathers believed so and why  
should not they.

According to the old treatment  
in such cases it was recommended  
first to plug until the os was  
dilated sufficiently to admit the  
hand, separate the placental  
attachment from the uterus



supture the membranes, turn  
and so expedite the labor as  
much as possible. What is the  
result of this process? the plug  
produces inflammation which may  
lead to sloughing of the parts; the  
turning is dangerous to both mother  
and child. Statistics reported by  
Churchill show that in 2988 cases  
212 mothers died; that is 1 in 14;  
and in 3373 cases 1473 children were  
lost; being more than 1 out of every  
3. And yet in the face of such  
undeniable proofs of its fatality  
the treatment is still recommended



and preserved in.

As the placenta is firmly attached to the uterus, by which the blood of the mother supplies the child there must be some communication of the vessels. When therefore the adhesion is broken hemorrhage ensues, which must necessarily be fatal unless stopped, which can only be done by something little short of a miracle; for the child being in the uterus it cannot contract upon the open sinusses and consequently produces a rapid



effusion of blood from those vessels

Let us now look  
into the Physiology of the case.  
What are the symptoms?

The first warning which we  
have may take place about three  
weeks before the expiration of  
the term; at which time we  
will have a discharge of a bright  
arterial blood which cannot be  
mistaken for menstruation  
this may continue for a shorter  
or longer time according to the  
state of the female whether  
plethoric or anaemic. After this



she may rally but in a week  
or two the discharge returns,  
and thus it continues until the  
full time. All this is usually  
unattended with pain. But the  
placenta may not cover the os  
entirely; it may be situated  
so as to cover only a part of the  
os; again it may be situated  
entirely within the os upon the  
cervix; up to the time when the  
contractions first take the symp-  
toms are all alike whether  
the placenta covers the os  
entirely or not; but upon the



first contractions if the placenta is situated entirely over the os uteri the flooding is of a great amount, as there is a greater amount of surface of attachment broken up; the rationale of this is plain to every one.

The diagnosis of Placenta Praevia to an educated Physician must be a matter of no doubt. In the first place we have the hemorrhage before the full time; then upon examination we find, instead of the os uteri open, it is closed



by a firm dense fibrous mass which differing from a clot in that it is not to be broken up by the fingers. Some writers have said that occasionally you may be deceived by a clot; but we think that if proper care be taken in making the examination that there is no excuse for making such a mistake.

Let us now look at the rational operation as recommended by physicians educated not dogmatically but scientifically. The operation, what is it, and wherein



is it superior to the old method?

Having first ascertained the exact condition of the patient, introduce the index finger of the right hand, with the convex portion of a female catheter upon its palmar surface, into the vagina; protect the extremity of the catheter; search for the placental lobe, carrying the finger into the interlobular space; having reached the interlobular space hold the catheter firmly against the membranes until the uterus contracts, when by the



contractions the point will be forced through when the liquor amnii will be felt trickling through the catheter; then withdraw the catheter, leaving the fingers within the opening for the purpose of enlarging it and also to lift the head of the child if it presses so hard upon the placenta as to stop the flow of the waters, as well as to tilt aside any abnormal presenting part such as the funis or arm; the proper parts of the fetus are thus brought close to the placenta, the



whole of which is pressed upon uniformly, thus preventing hemorrhage to any great extent. The aperture must now be enlarged and the os and cervix supported to prevent rupture; when the head or presenting part will fill up the opening; withdraw the finger and leave the rest to nature. The presenting part will be gradually forced into the pelvic cavity and the labor will terminate as in natural labor if there be no complications, which if there are will



necessitate turning or some other operation to render the presentation normal. The placenta usually follows the child as in ordinary cases; if not, wait until the contractions of the uterus throw it off.

Let us now see wherein this operation excels the old both in safety to child and mother, beside giving to the physician the reputation of being a skillful accoucheur. The first reason is that it restrains the hemorrhage as there is not so great a surface of the placental attachment broken up.



Secondly, it secures the strength of the patient and gives a chance for the dilation of the os as the fetus presses upon it. Thirdly, it gives no suffering to the mother and inflicts no injury to the soft parts of the mother, as no force is used except if the case turns out to be tedious from malformation. Fourthly it diminishes the risk of the fetus' death, as there are but few of the placental vessels wounded, especially if the catheter be introduced into the interlobular space. Lastly, it will



give great encouragement to the young practitioner from the success attendant upon it, it not only encourages him but gives him the name of being an accomplished accoucheur, which to the young physician is all important; for as has been remarked by one who stands high in the profession, he who has not the good will of the ladies can never succeed.

Begging the kind indulgence of the Honorable Faculty as regards this my effort to meet the requisition of the College I



subscribe myself most honored  
Sirs Yours Humble  
Servant

George B. Smith

Philadelphia Dec 31st. A.D. 1862.